2010 ELECTION CYCLE

REPORT OF RECE DISBURSEMENTS Election 20100 MISS Name of Committee Committee to Elect Dave Rozier, Inc.

Rozier Hayes

Delbert Hosemann SECRETARY OF STATE

n		When
h	JUN 0 4 2010	The same
	Campaign Finance Secretary of State	
	DATE STAND	-

Address P. O. Box 2665, Oxford, MS 38655 Telephone (662)236-9901 Fax (662)236-9902 Treasurer Pam Meyer Emailinfo@rozierforcircuitiudge.com Check here if above is different from previous report TYPE OF REPORT November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation) obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions of expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized :	This Period	Calendar Year-To-Date
Total amount of contributions \$ 500.00 4\$ 0.00	\$ 500.00	\$ 29,255.00
Total amount of disbursements \$ 1,867.70+\$ 56.83	\$ 1,924.53	\$ 4,237.65
Total amount of cash on hand	\$ 25,017.35	4,237.03
I certify that I have everyles of the		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Authority: Refer to Niss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SERO TO: 1. Conditions for Statemids, State district, mutif-county and all logislative offices should return form to Secretary of State, Elections Division, P. O. Box 120, Jackson, 2. Conditions for countywide and county district diffices should return forms to their county Circuit Clark.

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Name of Candidate or Committee	numittee to Elect Dave R	Page 1 of 1	
Reporting period May 1, 2010	through May 31, 2	2010	

ITEMIZED RECEIPTS A. Source: | Corporation | PAC | Clindividual | Loan | Amount of each Date receipt Other (please specify) (Mo., Day, Year) this period Full name Ronnie Howell 17, 10 250.00 Malling Address 6400 Poplar Avenue City, State, Zip Code Memphis, TN 38197 Name of Employer (Required) International Paper Occupation (Required) Aggregate Attorney 250.00 rear-to-date B. Source: | Corporation | PAC | | Individual | Loan Amount of each receipt Other (please specify) (Mo., Day, Year) this period Full namo 5 / 27/ 10 Ryan Sadler 250.00 Malling Address 601 Pennsylvania Avenue, NW City, State, Zip Code Washington DC 20004 Name of Employer (Required) Accredo Health Occupation (Required) Aggregate Attorney 250.00 year-to-date C. Source: D'Corporation D PAC D Individual Amount of each Date ☐ Other (piesee specify)_ receipt (Mo., Day, Year) this period Full name Mailing Address City, State, Zip Code \$ Hame of Employer (Required) Occupation (Required) Aggregate year-to-date D. Source: Corporation D PAC D Individual D Loan Amount of each Date receipt Other (please specify) (Mo., Day, Year) this period Full name \$ Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate

year-to-date

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Name of Candidate or Committee Committee to Elect Dave Rosier, Inc.

Reporting period May 1, 2010 through May 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Profit Optimization Group	Date	Amount of each
Melling Address	(Mo., Day, Year)	disbursement this period
820 University Avenue	5/4/10	950.00
City, State, Zip Code		
Oxford, MS 38655		S
Purpose of Disbursement (Optional)		s
Website Development	Aggregate Year-to-date	1,900.00
B. Full name	Date	The same statement
Callahan's Quickprint	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
1735 University Avenue	5 /27 / 10	917.70
City, State, Zip Code		\$
Oxford, MS 38655		,
Purpose of Disbursement (Optional)	Anne	s
A STATE OF THE STA	Aggregate Year-to-date	1,352.12
C. Full name	Date	
	(Mo., Day, Year)	Amount of each disbursement this period
Melling Address		s
City, State, Zip Code	1 1	s
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5
City, State, Zip Code	, ,	S
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	S
E. Full namo	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		S
City, State, Zip Code		s
	'	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
tailing Address		S
Ity, State, Zip Code		
	'	S
urpose of Disbursement (Optional)		
	Aggregate Year-to-date	S